



REGISTRATION SERVICE APPLICATION FOR EMPLOYEE CHANGES

Instructions: Type or print clearly in black ink. This form and the Field Office Registration Service Employee Listing, form OL 607A, must be submitted to a Licensing Inspector when adding or deleting employees.

An employee may not submit registration transactions for processing prior to a Licensing Inspector's approval.

Deletions of employees must be reported to the department within ten (10) days.

A. FIRM INFORMATION:

FIRM NAME	AREA CODE/TELEPHONE NO.	OL NUMBER
FIRM ADDRESS	CITY	STATE
ZIP CODE		
ASSIGNED DMV OFFICE(S)		

B. ADDING EMPLOYEES:

1. DATE ADDED	TRUE FULL NAME (LAST, FIRST, MIDDLE)			DRIVER LICENSE OR ID NO.	STATE ISSUED
DATE OF BIRTH	SEX	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
RESIDENCE ADDRESS (NUMBER AND STREET)			CITY	STATE	ZIP CODE

AUTHORIZED TO SIGN FOR OWNER OR MANAGEMENT?..... ☐ YES ☐ NO

2. DATE ADDED	TRUE FULL NAME (LAST, FIRST, MIDDLE)			DRIVER LICENSE OR ID NO.	STATE ISSUED
DATE OF BIRTH	SEX	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
RESIDENCE ADDRESS (NUMBER AND STREET)			CITY	STATE	ZIP CODE

AUTHORIZED TO SIGN FOR OWNER OR MANAGEMENT?..... ☐ YES ☐ NO

3. DATE ADDED	TRUE FULL NAME (LAST, FIRST, MIDDLE)			DRIVER LICENSE OR ID NO.	STATE ISSUED
DATE OF BIRTH	SEX	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
RESIDENCE ADDRESS (NUMBER AND STREET)			CITY	STATE	ZIP CODE

AUTHORIZED TO SIGN FOR OWNER OR MANAGEMENT?..... ☐ YES ☐ NO

C. DELETING EMPLOYEES:

1. DATE DELETED	TRUE FULL NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE OR ID NO.	DATE OF BIRTH
2. DATE DELETED	TRUE FULL NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE OR ID NO.	DATE OF BIRTH
3. DATE DELETED	TRUE FULL NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE OR ID NO.	DATE OF BIRTH

D. CERTIFICATION:

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I further certify that I accept full responsibility for the actions of those employees listed as well as those employees given authority to sign for the owner or management.

PRINTED NAME OF SOLE OWNER, ANY PARTNER, CORPORATE OFFICER, OR LLC MEMBER ONLY	TITLE
SIGNATURE OF SOLE OWNER, ANY PARTNER, CORPORATE OFFICER, OR LLC MEMBER ONLY	DATE

E. INSPECTOR CERTIFICATION:

PRINTED NAME OF INSPECTOR/NUMBER	OFFICE
SIGNATURE OF INSPECTOR	DATE

